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FLORIDA DENTAL JOURNAL
THE OFFICIAL ORGAN OF THE FLORIDA STATE DENTAL SOCIETY

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STATE MEDICAL SOCIETY PRESIDENT'S CONVENTION ADDRESS

By Homer L. Pearson, M. D.
President Florida Medical Ass'n.
Miami, Fla.

It is hardly necessary for me to tell you how much I appreciate the privilege and honor of meeting here with you today. I was in hopes that Dr. Davis of Quincy, a past President of our Association, and now chairman of our Legislative Committee, and Dr. Rowlett of Tampa, Secretary of the Board of Medical Examiners, also a past president of our association and chairman of our Inter-Relationship Committee, would be able to be here also. They both send greetings and regrets.

I want to say a few words on Foci of Infection, of which you have doubtless heard before, and also to talk a little politics with you. Since I will appear just once I must discuss both at this time. I promise to make both discussions of sufficient brevity that I will not exceed my time limit.

Foci of Infection

When we speak of the term "focal infection" we think of a circumscribed region in which pathogenic Micro-organisms multiply within the tissues. In other words, it is a point at which a definite pathological process has been established and, as has been shown clinically and experimentally, is a region in which agencies arise which may produce changes in the function and structure of any organ or tissue in the body. There may be a single focus such as is found at the apex of a tooth or there may be multiple foci of infection.

Over a hundred years ago Doctor Benjamin Rush advised the extraction of an abscessed tooth in a patient who was suffering from chronic rheumatism. There are several isolated instances in the literature where Doctors have advised the removal of infected teeth in an effort to clear up some systemic disease but it was not until the work of Doctor Rosenow and Doctor Billings in 1909 that a general knowledge of the role that focal infections played in the causation of systemic disease was generally recognized. Since that time Doctor Rosenow particularly has done a great deal of work in this branch of medicine. Some of his findings concerning the elective or selective affinity of various strains of streptococci and pneumococci for certain tissues have never been entirely confirmed by other workers, but, on the whole, many of his observations concerning the nature and pathogenesis of focal infections have been to a large extent verified by other workers. The Bibliography at the present time contains several hundred names of workers in this field.

It has been established by abundant clinical and experimental evidence that foci of infection in the body have a definite etiologic relation to systemic diseases and many diseases formerly considered to be due to metabolic changes and frequently classified as "constitutional disturbances" or some "diathesis" or dyscrasia, are known to be due to a focus of infection. Foci containing large numbers of virulent pathogenic bacteria so located that actual drainage is difficult or completely obstructed with a marked vascularity caused by new loops of blood vessels thrown out in the protecting wall and with an imperfect wall thrown up by the morphological defense of the body, produce immediate and systemic manifestations. The reverse condition exists when the focus is of low virulence.

Some strain of the streptococcus, either viridans or hemolyticus, are usually the most virulent organims that are found in foci in the teeth; occasionally the staphylococcus, very rarely the pneumococcus, the micrococcus catarrahalis and bacillus influenza. The bacteria from these foci usually get into the lymph or blood stream and then are transferred to other regions of the body where again they may be localized giving rise to secondary foci of infection. The hematogenous invasion from a primary focus is the most frequent type according to the evidence at hand from laboratory experiments. Hematogenous invasion is embolic in character. The invading organism circulates through the blood vascular system in a manner similar to the organic emboli thrown off from a thrombus of vegetation and are carried to the terminal branches of that system. If the invasion is acute, the bacteria invade the tissues directly from the blood stream and set up an acute inflammatory process, but in chronic secondary focalization the process is similar to embolism with infarction. There is experimental evidence that bacteria invading the tissues in this manner are apt to undergo lysis, the endotoxins causing tissue reaction and proliferative fibrosis. This is the type of process involved in some of the chronic forms of arthritis where a primary focus of infection is constantly feeding the peri-articular tissues.

The frequency of bacterial invasion from a focus at the root of a tooth is most common in the adult and less prevalent in the young. This is in contrast to the history of bacterial invasion from a focus in the tonsil. Moorehead found that the period of greatest danger from mouth infection is from 25 to 60 years of age. Irons, in an analysis of a series of 329 cases, exhibiting various types of systemic diseases secondary to foci of infection, found that the incidence of alveolar abscess was preponderant over other localized infection, ranging from 23% to 76%. It was highest in the group of arthritides. Ulrich, who examined 1350 dead teeth found that 83% of them showed apical abscesses. Of those artificially devitalized, 68% had similar lesions and so on down the list of workers. The results are in close conformity. An interesting bit of work was done by Rosenow experimentally when he reported that the immediate intravenous injection of streptococci isolated from dental foci may produce in animals lesions similar to those existing in patients from whom the organisms were obtained. This result has been confirmed by one or two other investigators, but many other investigators have not been able to secure this same result.

In summary, Gentlemen, I feel that it is of the utmost importance for us to make careful examinations of our patients in an effort to locate any possible focus of infection. When foci of infection are found they should be removed. At this point I would like to mention a few untoward and rather serious complications which may follow a too radical removal of the various foci. We are well aware of the fact that a tuberculous chest will frequently show signs of slight or moderate activity after the removal of infected tonsils. Likewise, certain cases of arthritis frequently show an exacerbation in the joint symptoms following the radical removal of several foci of infection. In certain cardiac cases we frequently observe an aggravation of symptoms due to the removal of many infected teeth.

It is well for us to keep these points in mind because some of the beneficial results, if such can be secured in our cases with removal of foci of infection, may be lost if the procedure is too severe and taxes the reserve of the patient to the point where complications may arise.

So we can readily see from the very small amount of evidence brought out in this brief paper that the work of the Dentist and Physician are indeed related. So closely related, in fact, that it is now impossible for one to practice independently of the other. No physical examination is complete without a thorough examination of the teeth and gums. The Dentist therefore is just as truly a physician as is the Eye, Ear, Nose and Throat man, or for that matter, any others of the various specialists.

Since, therefore, our professions are so inter-related, it must also be true that our material interests are the same. I am quite frank to admit that practically all my contacts with dentists heretofore have been painful ones; still, as my teeth become fewer my hopes for pleasant and profitable experiences with you become greater—and I have a feeling that if these two great professions will not only pool their mental and professional interests but will pool their material interests, we can indeed be a great power in the community and state and best serve the interest of our people.

I have often heard medical men grow eloquent in speaking of the great power we are in our community; of the great respect the people in our state as a whole have for our influence for good; that if the Medical Profession, who stand for right against might, who always have the interest of the people at heart, should ask the powers for anything, it would be granted. There has always been some doubt in my mind about whether or not that was true. I believe the medical profession has been a little afraid to ask for anything. Anyway, we were told a few weeks ago in no uncertain terms that we had no power nor influence. While I am sure that the Florida Dental Society has no particular interest in the State Hospital at Chattahoochee, I would like to relate the incident which occurred recently, with that hospital as the subject just as an example. The State Hospital is the largest hospital in Florida, having a patient population of about 4,000. It has been shown that practically all the progress made by the Hospital was made while it was under the management of a medical man. It is a fact that of 175 like institutions in the United States, there was only one other which was managed by a superintendent other than a doctor. The Florida Medical Association petitioned the Board of Commissioners of State Institutions (said board is made up of the Governor's Cabinet with the Governor as Chairman) to appoint a medical man as superintendent. Prominent medical men from various parts of the State wired the Board. The various county medical societies of the state wired the Board—all protesting against the appointment of a layman as Superintendent of the hospital; all trying to show the powers that be that the best interests of the hospital and the poor unfortunate mental cases of this State could best be served by having a medical man head the Institution. The Board met and over the protest of the Medical Profession of this State unanimously appointed a lay superintendent. We have no grudge against this man but we do know that he has had no previous experience in operating a hospital. With such an insult coming from the Governor's Cabinet, we of the medical profession have come to the conclusion that it is time for us to do something about it. My face burns with indignation when I think of the vast amount of charity work our profession does for this state each year. It is conservatively estimated between eight and ten million dollars yearly—and it is service we are not even thanked for. It has been given so long that now it is thought to be our duty and it is demanded of us. It is service that we give gladly, but we do feel that when medical problems arise and medical appointments are to be made the medical profession should be consulted in the matter and their advice heeded, for our only interest is for the sick and afflicted of our great State.

Dr. Royal S. Copeland, Senator from New York, asks in a recent issue of "Medical Economics", "Why doesn't the Medical Profession as a class take more active part in politics? Is the field of politics necessarily or properly the special domain of the legal profession?" He asks further "Who, if not the medical man, is the one man in any community who comes into close contact with all kinds of people, who gets to know them and their needs intimately and personally?"

"By reason of his background and training, who is better calculated to represent the people in legislative halls than the Medical man? Yet we stand calmly aside and let the lawyers make the laws which control the country. Nor have they demonstrated that they are by any means the best leaders of the people."

"Never before, certainly not during my lifetime, has there been such an opportunity, such a real need, for medical men in politics. Doctors who in the past have been too engrossed in the science and art of medicine to take an active interest in politics must change their point of view."

The Medical Profession has come to the cross-roads. One road leads to slavery, the other to liberty. Shall we be pushed into the one because we are too slothful to do otherwise, or shall we, with heads up and chins out, march into the other? It all depends upon us and I am asking you as members of our great profession, to line up with us and fight with us as brother, shoulder to shoulder, to bring about a brighter day for us and the unfortunate sick whom we serve.

It is not becoming for us to beg crumbs from the Master's table.

"Coming events cast their shadows before them," but the blind cannot see a shadow.—Kansas City Dental Society Bulletin.

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STATE BOARD

The following resolution was adopted at the meeting of the Florida State Dental Society in Pensacola.

"WHEREAS, Dr. R. P. Taylor has served as a member of the Florida State Board of Dental Examiners for twenty-six years, filling his post with honor and distinction, and serving the best interests of dentistry in this state, and

WHEREAS, he has today placed his resignation before this body,

BE IT RESOLVED, that in accepting this resignation we do so with the deepest regrets and heartfelt thanks for his long continuous service.

BE IT FURTHER RESOLVED that a copy of this resolution be spread on the minutes of this Society, and a copy furnished to Dr. Taylor."

Dr. H. B. Pattishall who was recommended to the Governor for appointment on the Board to succeed Dr. Taylor has received his appointment and been duly commissioned under date of November 3rd to serve out the unexpired term of Dr. Taylor.

Dr. Pattishall has been appointed by the chairman, Dr. L. D. Pankey, to act as Secretary of the Board in the place of Dr. Taylor until the next annual meeting.

AMENDMENTS TO CONSTITUTION AND BY LAWS PASSED AT PENSACOLA

Amendment No. 5

"Add to Article II, Section 10—In the event a vacancy occurs, for any reason, in the office of the Secretary-Treasurer, between meetings, the Excutive Council is empowered to fill the office, by appointment, until the next regular meeting."

Amendment No. 6

Add to Article IX, Section 3—/ member of this Society against whom charges shall have been made for violation of any of the laws of this Society, including the code of ethics, shall not cease to be a member of the Society by resignation, or failure to pay his dues until the charges against him have been acted upon by this Society, provided that such action shall be taken by the Society at the next regular meeting after charges have been made.

Amendment No. 7

Article III, Section 16, to be changed to read as follows—The Public Relations Committee shall consist of six members who shall be appointed so that the term of office of not more than two members shall expire during any fiscal year, and thereafter the President shall appoint two members each year to fill the expired terms naturally resulting; the President shall also name the Chairman of this Committee. The duties of this Committee shall be to devise and promote methods to educate the general public in this State in oral hygiene, and the intelligent care of the teeth. They may select any assistants deemed necessary to further their work, and shall be provided annually with a sum to use in furthering same. They shall make a written report to the executive Council at the annual meeting.

RESOLUTIONS ADOPTED AT PENSACOLA

Preamble; Because of the existing emergency of providing dental care for the unemployed, and

Because of the trend of the nation-wide tendency to legislate a system of some form of health insurance, the American Dental Association has created a standing committee on Dental Economics.

This committee was created to safeguard the principles of dentistry and to confer in an advisory capacity with National committees or organizations for the promotion of health insurance.

The following resolutions are presented to afford co-ordination of effort between our recognized dental societies and the American Dental Association:

WHEREAS, The American Dental Association has adopted as a means of guidance to its Committee on Dental Economics the ten rules or principles enumerated at the conclusion of this resolution, therefore be it

RESOLVED, That the Florida State Dental Society adopt as a means of guidance to its Committee on Dental Economics the self same principles following:

1. In all conferences that may lead to formation of a plan relative to this subject, there must be participation by authorized dental representatives.
2. Provide dental care for indigents and needy childen.
3. The plans should give careful consideration to the needs of the people, the obligation to the taxpayer and the interests of the profession.
4. The plans should be flexible to be adaptable to local conditions.
5. Proprietary or profit-making agencies should be completely excluded.
6. All features of dental service in any method of dental practice shall be under the control of the dental profession, as no other body or individual is educationally equipped to exercise such control.
7. All legally licensed dentists of a locality should be eligible to serve under such regulations as may be adopted.
8. Persons eligible to such service should be free to choose their dentist from the list of those who have agreed to furnish service under the adopted regulations.
9. Freedom of practitioners to accept or reject patients should be maintained and freedom of all persons, who so prefer, to obtain dental service other than that provided by such plans.

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10. An adequate program for public education on the need of and opportunities for care should be provided.

RESOLUTION

WHEREAS, the House of Delegates of the American Dental Association in convention assembled, has officially adopted the recommendations of the Committee on Dental Economics, and

WHEREAS, this timely action on the part of the American Dental Association strengthens and clearly defines the principles and standards of organized dentistry, relative to health legislation, therefore be it RESOLVED, that the Florida State Dental Society approve of and heartily endorse this action of the House of Delegates of the American Dental Association, and

RESOLVED, that the Florida State Dental Society pledge its utmost effort and support to the American Dental Association in voicing the sentiments of the American organized dentistry, thereby soliciting the respect and support of the various legislative bodies of the United States of America.

QUESTIONAIRE:

1. Which political party should formulate the plans for a system of socialized dentistry?

2. Why is it important to disregard the needs of the people under such a system?

3. Why should we ignore the obligation to the taxpayer and the interests of the profession?

4. Which business firms and commercial agencies shall be participants in such a plan?

5. Should the dental service and those rendering it be under the control of the state exclusively, or of the federal government?

6. Why is it expedient to keep the public entirely in the dark; why must dental education be eliminated?

7. Why . . .

At just about this point, if not sooner, you interrupt. You are indignant. You don't think any political party should control socialized dentistry, if and when it comes. You don't think the state or the federal government should control it. You don't feel that the needs of the people should be disregarded. You are not of the opinion that any commercial agency should be operative in a plan for socialized dentistry. And by no means should dental education be abolished. All right. Fine. That's what you DON'T think. Now what DO you think? What do your fellow practitioners think? What does the profession as a whole think about these things?

This is all summed up in a report which a special committee on dental economics presented at the A. D. A. meeting in St. Paul. This report was subsequently adopted by the House of Delegates. This report represents TEN principles.

Are you familiar with them?
Do you agree with them?
Will you support them?

You'll find them on page 1847 of the October issue of The Journal of the American Dental Association.—Washington Dental Journal.

THE CLIQUE

What is The Clique? 'Tis a body of men
Who attend every meeting, not just now and then.
Who don't miss a meeting unless they are sick.
Those are the men that the grouch calls "The Clique,"

Who don't make a farce of that magic word "work."
Who believe in the motto, "Not a job will I shirk,"
Who never resort to an underhand trick,
Those are the men that the grouch calls "The Clique,"

The men who are seldom behind in their dues,
And who from the meeting do not carry the news;
Who attend to their duties and don't seek a kick,
These are the men that the crank calls "The Clique."

We all should be proud of members like these,
They can call them the Clique or whatever they please;
But there are some people who always find fault,
And most of that kind are not worth their salt;
They will start trouble but seldom will stick,
And leave all the work to be done by "The Clique." —Golden Gate

Is your head a hair farm?

Don't take things as they come—head 'em off.

Talking gets a job, but working holds it.

The less you have, the more there is to get.

Put your troubles on the dumb waiter.

When you kill time remember it has no resurrection.

A good turn deserves another. Isn't it your turn?

A grammatical point to remember: Hens set and lay; folks sit and lie.

Wise people sometimes change their minds—fools never do.

Following the paths of least resistance is what makes rivers and men crooked.

There are few shade trees on the road to success.

Digging wells is the only business where you can begin at the top.

—Journal of the Houston Dental Society.

It is the 70 per cent, the middle class, that is little able to buy but unwilling to accept charity that constitute the real problem.—Kansas City Dental Society Bulletin.

The medical and dental professions have never offered any equitable plan whereby their services could be made available to all.—Kansas City Dental Society Bulletin.

European dentistry casts an ominous shadow that falls across the path of every man connected with dentistry but which we need not fear if we are alert, strongly organized, forearmed with information, and determined to ACT in defense of the public and our own independence.—Kansas City Dental Society Bulletin.

Thoughtful and humanitarian men will not hesitate in responding to the appeal of the Relief Committee given on the cover page of this issue. It is not inconceivable that any one of us, through continued misfortune, find himself in a position where this fund stood between us and destitution or death. Surely not one of us, pressed as we may be for excess funds, can be so regardless of our fellow dentists as to turn a deaf ear to this call. Let us each respond as liberally as we are able.

THE FLORIDA DENTAL JOURNAL

Published monthly by the Florida State Dental Society.

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DR. F. P. MEYER

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DECEMBER, 1934

SECRETARY CUMMINS' VALEDICTORY

Ros Cummins sends the following letter which should have the careful attention of every member:

"As each member undoubtedly knows, commencing with this issue of the Journal, we are operating under a new set-up relative to policy and management of the Journal.

"At our Pensacola meeting, a business manager of the Journal was elected, who will have charge of all advertising matter, collections for same and in general be the first assistant and right-hand man of the editor.

"Inasmuch as the current issue of Oral Hygiene will perhaps be the last mailed into our State, leaving our Journal and the Journal of the American Dental Association as available means of directly contacting our members, the Society felt a business manager would be of valuable aid to the editor in securing advertising accounts and supervising the general business of the Journal. Dr. F. P. Meyer of St. Petersburg was elected by the Society to this position, and his duties will be those briefly outlined above. Under this set-up all advertising matter will receive his scrutiny and the general principles will be followed as are followed by the Journal of the A. D. A. with such amendments as fit our particular locality.

"This arrangement leaves the editor free to devote himself entirely to the editorial work, which work with the business management has been somewhat of a task in the past, and perhaps could not have been handled from one office without the kind assistance of Mr. Don Lochner, who has been our printer for the past several years.

"This change in policy has been made possible by the sale of increased advertising space to the L. M. Anderson Dental Supply Company, and now makes our Journal in reality what we have claimed for it in the past, that is, the Journal of the Florida State Dental Society, and which now goes to members only, whereas in the past it has gone to not only members but non-members as well.

"At our past meeting we also adopted the Beneficial Circle Plan, which was sponsored by the American Dental Association and has been endorsed by some twenty-eight states to date, which asked the members to support the advertisers in the Journal of the A. D. A., and would it not be well for us to continue this same thought to the advertisers in our Journal.

"In conclusion I wish to thank the Society for the honor conferred upon me at the past meeting, and to ask all of the members for their cooperation and assistance in my new job as Chairman of the Membership Committee as was accorded me as Secretary-Treasurer, without which cooperation and assistance I could not have even attempted to fulfill the obligations and duties of that office."

HEALTH CONSCIOUS

There is a large class of persons fho have definitely become victims of the health urge which these days is so seductively and generally played up in the advertisements. It is not too much to say that one is persistently implored by means of the printed and illustrated page to buy anything from beds to cigarettes, on the basis of health. And these appeals do not include hundreds of concoctions which are offered to the public solely to cure them of real and imaginary ills. While undoubtedly this type of sales attack has been and continues to be successful, there is another side to the matter which needs some consideration.

For example, a woman of more than average intelligence when starting on even an overnight trip takes along enough pills and fluids of various types and kinds almost to supply a clinic. Being an ardent reader of health ads and literature she is prepared against the many dire and dreadful things that are likely to overtake her ranging from bad breath to pneumonia. Moreover, she eats for health, reads health, talks health—health, exercises for health, buys for health, reads healtn, talks health—and in the practice of her obsession apparently fails to live for the joy of it. It is all health.

While she doubtless represents an extreme instance, she nevertheless somewhat typifies an ever increasing number of people who are becoming unduly health conscious. Bombarded on all sides to do this and buy that for health's sake, the subject in their minds unfortunately takes on an importance entirely unjustified by the facts. Such an attitude fails to take into account that in the last analysis it is not the purchase of articles that develops or maintains health.

After all, it must be appreciated that reasonable health is the normal state of the human being.

To become a mild hypochondriac because health is being forever hurled at one is perhaps a line of least resistance, but it is not sensible.

Speaking generally, a great number of people would be much happier if they would eliminate health as a daily mental diet, and in its stead merely live sensibly day by day. Sufficient food, but not too much, adequate exercise and sleep, elimination of devitalizinz habits, proper amounts of work and play, the semi-annual trip to the dentist and the annual physical check-up will splendidly meet the health requirements of the average person. To make one's self ill, or half so, by forever talking, thinking and acting health is the unhealthiest kind of a policy. If you are a "health victim," snap out of it!—By Theodore B. Apple, Secretary Pennsylvania Department of Health, in Illinois Dental Journal.

HAS DENTISTRY SOLD ITS BIRTH-RIGHT FOR A MESS OF POTTAGE?

It is August 1, 1903. We have just completed a survey of dental literature in which the opinion is advanced that eighty per cent of the population fail to secure proper dental service because of lack of proper dental education.

The past thirty years have seen the greatest and most active campaign, nation-wide in scope, to educate the people in the proper care of their teeth, to become "tooth conscious."

It is August 1, 1933. We have just completed another survey of dental literature. We find the opinion advanced that eighty per cent of our people still fail to secure proper dental service.

Why?

We take a pad and a pencil, and make a survey of the drug and other stores selling tooth pastes and powders in this little city of about 15,000 population. Within one hour we have tabulated ninety-one different preparations on the market.

In the hall leading to our office we meet a tooth-paste salesman who tells us that he has just left a liberal sample of his product for our use. We show him our list of dental preparations.

He says: "In spite of the fact that there are between two and three hundred different kinds on the market, we increased our sales this year over last some twenty-three million tubes."

I enter my office and find that the mail has just arrived. It is composed of seven pieces—five of the seven pieces are second-class advertisements of commercial dental preparations and one is a free dental journal. I open the free journal and find that sixty-two of the ninety-one pages are advertisements, with twenty-nine pages of reading material. This journal has an editorial board of twenty-two men.

(One Nebraska dentist whose name appears on this editorial board states that some time ago he urgently insisted that his name be removed. The publishers have failed to comply with.

I ask myself: "Inasmuch as this commercial dental journal is supported entirely by advertising, can it be his request.)

That these dentists whose names are on the editorial board have lent

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or sold their good names tacitly for the purpose of enhancing the advertising value of this publication?"

I go to my reception-room table and summarize the advertising contents of some of the leading general periodicals found there. I find in five of them twenty-three advertisements of dental preparations, ranging in size from one-fourth to full pages, with some in color.

I go home and after my evening meal, turn on the radio. I discover that of the three hours I have listened one hour has been devoted to programme of commercial dental remedies.

I shut off the radio and muse: Some three hundred different kinds of tooth pastes and powders on the market, composed, for the most part, of soap, salt, and soda—manufactured probably for between one and eight cents a unit, and selling for between thirty and sixty cents a unit.

WHO PAYS? WHO GETS THE PROFIT?

Think of this—one dentist receives in one day five mailing-pieces advertising commercial dental remedies, or approximately 1,500 pieces for a year. There are about 50,000 dentists who receive 75,000,000 pieces of commercial dental advertising, involving a tremendous expense for printing, paper, handling, addressing, transporting, and mailing. What an enormous cost is represented here!

Twenty-three advertisements, each one-fourth to a full page, many in color, in five periodicals. Even using a minimum cost estimate for all of this advertising in these magazines it is evident that the unsuspecting public must pay an amount equal to several hundred dollars yearly for every dentist practicing in the United States.

Who pays the cost of the nation-wide radio hook-ups for advertising dental remedies? Did you ever try to find out how many persons come to your office because they heard a radio announcer say: "See your dentist twice a year?" Is it not possible that these radio listeners may be so impressed by the claims made for the product that they regard it as sufficing for their dental needs? Is that injunction thrown into radio programs merely to appease dentists? Does the public get the same return that it would if its money were to be spent with dentists for their advice and their prescriptions? Is it possible that commercial interests are "cashing in" on our preventive education under a smoke screen of big brotherliness, for which we fall hook, line, and sinker?

More than ninety-five per cent of our dental literature is paid for, in whole or in part, by advertising. Can our dental literature be free and independent under these circumstances? Do not the persons and firms who advertise in these publications influence their policy, at least in border-line cases? Is it not true that the cost of advertising is added to the cost of the product purchased by the dentist and that he pays for it?

I recently overheard a dentist recommend one of the highly advertised dental powders to one of his patients. In other words, he was urging that patient to help the producers of that powder pay for part of its advertising. Why not have written that patient a prescription?

That there is no scientific evidence of the claims made in the advertisements of commercial tooth pastes and mouth washes is attested by W. R. Davis, D. D. S., F. A. C. D., director of the Bureau of Mouth Hygiene of the Michigan Department of Health. Dr. Davis continues: "A level teaspoonful of salt in a glass of warm water is an unexcelled mouth wash. A mixture of salt and soda is an excellent tooth powder."

Why prostitue a noble profession to the money-changer of the market-place?

HAS DENTISTRY SOLD ITS BIRTH-RIGHT FOR A MESS OF POTTAGE?

—The Journal of the Nebraska State Dental Society.

SHOULD THE DENTIST PRESCRIBE A DIET?

By J. M. Wisan, D. D. S.

Reprinted from the New Jersey State Dental Journal

There has been much discussion concerning the prescribing of diets by members of the dental profession. Authorities both in the medical and dental professions have contended that dentists were not qualified to advise their patients concerning nutrition, even when treating dental conditions. For instance, Dr. John Marshall believes: "The prescribing of a diet must always be left to the physician."

However, there is a different concept coming to the fore. Many observers realize that if the incidence of dental disease is to be controlled and limited, the dental profession must assume the responsibility of providing means of prevention. For example, the researches of Mellanby, Howe, Boyd and Drain, McCollum, Bunting and others have indicated that faulty diet is a causative factor in dental caries. Therefore, the question arises, "What should be the attitude and practice of the dental profession in respect to the nutritional phases of caries therapy?"

Before answering this question, let us consider the experience of the past in depending on the medical profession to provide nutritional measures for the prevention of dental decay.

The Report of the Sub-Committee in Professional Education Section of the American Dietetic Association states:

"Of seventy-one Medical Schools responding to the questionnaire, only twenty-two offer formal courses in Nutrition and Diet Therapy as a part of the medical curriculum.

"In only ten of these Medical Schools were courses in Nutrition obligatory.

"It is almost universally conceded that the average physician's knowledge of normal nutrition and the method of modifying the normal requirements to meet the needs of the body in disease is extremely limited. We would recommend that these subjects (Nutrition and Diet Therapy) be accorded a more important place in such curricula (Medical.)"

Dr. R. M. Wilder, Chairman of Section on Pharmacology and Therapeutics at the 82nd Annual Session of the American Medical Association in his address, "The Significance of Diet in Treatment," expressed the following opinion:

"The education of physicians in nutrition is thus scarcely better than that of laymen. It comes largely from such interested sources as the circulars of commercial houses and the propaganda of purveyors of food.

"I regard it as extremely unfortunate that the average physician devotes so little time to the study of dietetics."

Further evidence of the lack of interest of the medical profession in this

subject is obtained from an article by Dr. Marshall, in which he states: "that members of the dental profession have not received whole-hearted co-operation from their medical friends is basis for profound regret."

Dr. Wallace Seccombe, in a letter to the writer, perhaps gives the reason for this indifference when he writes:

"From my own experience, I would say that physicians are not particularly interested in the preventive aspect of dental disease. Their own problems are of such magnitude that they find it difficult to keep up with the progress of medicine and have little time to devote to the development of dental health."

On the other hand, if we are to judge by the number of clinics and essays given before dental organizations on the subject of nutrition, we may be confident that many members of the dental profession are making heroic efforts to acquire knowledge of this subject.

Most dental schools are offering intensive courses, both graduate and post graduate, on nutritional therapy. The faculty of the University of Toronto has compiled a comprehensive booklet entitled, "Normal Nutrition" and the School of Dentistry of the University of Pennsylvania has recently published a Dental Nutritional Chart. These are but two examples of the efforts of dental schools to make distinctive contributions to the subject of nutrition.

We may compare the interests of dentists with that of the medical men in the nutritional phases of dental diseases, by reviewing the articles on this subject as listed in the Quarterly Cumulative Index Medicus. The Index gives fairly complete listing of state and national medical journal publications, but presents rather incomplete accounts of dental journal articles.

In spite of this, for the years 1931, 1932 and the first three months of 1933 (January-March) the Index lists sixty-eight articles on nutrition related to dentistry—fifty-one in dental magazines and seventeen in medical journals. Of the seventeen published in medical journals, nine were written by dentists. Truly such data indicate that nutritional phases of dental diseases receive more attention in dental circles.

Mr. Charles Mayo paid tribute to the activities of the dental profession in nutrition when he reported that, "In the past two years, half of the papers written on the subject of nutrition have come from dentists."

Are dentists qualified to prescribe nutritional treatment? Seccombe, who has had considerable experience in teaching Dental Nutrition to under graduates, practicing dentists and physicians, stated:

"Regarding the knowledge of physicians upon the subject of nutrition in relation to the teeth, I personally believe that the average dentist is better informed upon this question than the average physician, as I believe he should be."

After all, the prevention of dental disease belongs to the dentist; it is his problem. Is it not wise to assign the study of dental nutrition to those who make the treatment of dental disease their life work?

Is it not logical to assume that the doctor of dental surgery, who has a comprehensive concept of dental needs and the realization of the consequences of dental disorders, will devote the necessary study to become familiar with the science of nutrition as it affects his professional duties?

Accepting the premise that the prevention of dental disease is its responsibility, the dental profession should adopt the following measures:

(1) Give students in the dental schools a thorough training in nutrition.

(2) Encourage the private dentist to become well informed on this subject.

(3) Present dental health information to the public.

It seems certain that the survey of the curricula being conducted by the American Association of Dental Schools will result in dental schools answering the needs of the students.

As to the present day practitioner, results will depend on those who control dental society programs and the interest of the individual dentist in obtaining all available information.

The third recommendation—informing the public—bears particular significance, for the welfare of the public is the major objective.

Individuals are seeking this information from dentists whom they hold responsible for the health of their mouths. Patients do not expect physicians to treat their teeth; but, they do look to the dentist to enable them to retain the permanent teeth, functioning adequately and with comfort."

The Progress Reports of the Curricula Survey Committee, submitted to the American Association of Dental Schools, is convincing testimony to the fact that the public look to the dental profession for preventive knowledge. In a discussion of dental health needs and dental practice from the point of view of the laymen, the following is reported: "One of the most significant features of the replies seems to be the feeling that the dental profession fails to give instruction relating to oral health."

Evidence points to the necessity and ability of the dental profession to assume full responsibility for the improvement of dental health. The public expects us to carry on this work. Let us not fail them.

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WHAT FLORIDA DENTISTS ARE DOING

EAST COAST DISTRICT

On October 5th a joint meeting of the Miami Dental Society and the Dade County Medical Society was held in the Professional Club rooms, Huntington Building.

Following program was presented:

Brief Analysis of Medical and Dental Relations—Dr. J. Harold Klock.

Discussion opened by Dr. Eugene V. DeNault.

Relation of Medicine to Dentistry—Dr. Frank Morrow.

Discussion opened by Dr. R. M. Harris.

Dr. Roy Ellsworth has returned from a vacation in Indiana.

Dr. W. F. Andes has returned from a trip to Canada.

Dr. L. R. Felt has remodeled his office on Biscayne Boulevard adding new equipment.

Dr. D. E. Sheehan has returned after spending the summer in Ohio.

Dr. Eugene DeNault has enlarged his office in the Olympia Building adding new equipment.

Dr. Horace L. Cartee was made a member of the American Society of Oral Surgeons and Exodontists at their meeting in St. Paul.

The following men attended the meeting in Pensacola: Drs. Geo. Shields, E. C. Lunsford, B. L. Wilkerson, J. Murray Cox, Z. N. Wright, W. F. Andes, W. J. Fitzpatrick, E. B. Penn, A. W. Kellner.

NORTHWEST DISTRICT

After more than twenty years the Northwest District was gratified to again entertain the State Society for its 51st annual meeting, and the consensus of opinion seemed to be that a most interesting program was presented. That seventy-three out of state guests were registered supports the belief that a state meeting in the Northwest District occasionally, serves to promote pleasant interstate relationships as well as contacts that broaden our outlook and give us larger vision for the future.

The beautiful new home of Dr. Lawrence Evans of Tallahassee is nearing completion. It is situated just east of the city on the Spanish Trail.

Dr. L. T. Fields, Panama City, is moving into fine new quarters in a modern arcade building. Dr. Fields has refinished and reconditioned his old equipment, as well as added some new appliances.

Dr. L. A. McKinsey formerly assistant dentist at the Florida State Hospital has entered private practice in the town of Chattahoochee. Dr. R. P. Stubbins Jr. of Pensacola has been employed to fill this vacancy at the Hospital.

The Northwest District welcomes to membership Dr. A. S. Ham of Apalachicola. Dr. Ham has given freely of his time and talents toward better roads and bridges for his town and county and has been in no small measure responsible for the advancement of his community both in and out of his professional capacity. We are glad to see him back in the ranks of organized dentistry.

NORTHEAST DISTRICT

Monthly Meeting of Jacksonville Dental Society

Meeting opened at 8:10 P. M. by Pres. Bull with approximately 20 members present. Application for membership into local received from Dr. Henry Mark and turned over to executive committee. No other communications.

Dr. Bliss gave short talk with aid of X-ray and specimens on unusual surgical cases. No discussion.

Mr. Harsh gave talk and movie showing Columbia Zukor process of extracting Vitamin D concentrate and placing same into bread. Oboy Bread courtesy Seybold Baking Co. Interesting and informative but not very technical. The concentrate is known as vitex.

Meeting adjourned at 9:40.

That is about all there was to the meeting—mostly the movie with talk and questions.

THANKS

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To you, we sincerely wish the best of the Seasons greetings.

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ACTIVITIES OF THE A. D. A.

That the dentists of Florida may know some of the most important activities of the recent A. D. A. meeting in St. Paul, we are calling your attention to the following excerpts from the many worthwhile reports. They are copied from the October issue of the Journal of the Michigan State Dental Society.

Dear Dr. Rickert:

I am pleased to give you what appear to be the most important things that transpired at the meeting of the American Dental Association at St. Paul, for it has been a policy of recent administrations, and is of the present one, to have the trustee in each of the thirteen districts represent the administration whenever it seemed desirable.

In the absence of immediate relief from encroachments upon what have heretofore been regarded professional privileges, relief from financial distress, and from other things, the profession has been too frequently inclined to designate the A. D. A. as a large political organization without definite objectives in the interests of the profession and weak in its endeavors to achieve them. This has probably been due more to lack of information than to anything else, for the dental profession has been noted among the professions for years for its pull-together spirit. It is to assist in the dissemination of information about the activities of the A. D. A. that recent administrations have concerned themselves with modifications of the organization, so that every trustee would be an actual rather than a nominal representative of the Association's activities.

It would seem that the size of the A. D. A. and the magnitude of its activities, as judged from the amount of business that passes through the Board of Trustees and is done by the President, kept the average dentist in the position of one who could not see the forest because there were so many trees. The budget for this year is approximately a quarter of a million dollars, involving twenty-seven different appropriations ranging in size from fifty dollars for the National Museum Committee to eighty-six thousand for the Journal. The time consumed in the consideration of the requests of these bureaus, boards, and committees is so great as to make it almost impossible for a trustee to attend a professional session. Beginning on Friday previous to the opening of the meeting on Tuesday the trustees are obliged to begin their consideration of the needs of the different branches of the Association in order that the budget may be presented to the House of Delegates for consideration before the last meeting of this body on Thursday.

Laws that a Standing Committee on all of the activities of the Association and, likewise, it seems impracticable to discuss in much detail those which will be mentioned. Those which are left out of consideration here, therefore, are not left out because they are not important, but because it is possible to discuss only the most important and far-reaching ones. The most important activities of the trustees and delegates at the St. Paul meeting in the interests of the profession were probably about seven in number as follows:

Economics, Education, Legislation, Council on Therapeutics and Bureau of Standards, Insurance, Relief, Junior Membership.

Economics

In order that the various activities in the different parts of the country relating either directly or indirectly to the economic situation caused by the depression, the curtailment of the use of gold, the governmental codes, and the encroachment of state and insurance dentistry might be correlated for study, the trustees recommended to the Committee on Amendments to the Constitution and By-

It seems impracticable to discuss Economics be provided at once. The House of Delegates acted upon the amendments presented, which provide that each trustee district shall have one representative on the Committee and the United States Public Health Service one representative, making a total of fourteen members. The amendments also provide that the trustees shall designate a chairman and executive committee and provide a secretary in the main offices of the Association at Chicago. The ninth district, which is composed of Wisconsin and Michigan, has for its representative this year Dr. M. W. Prince of Detroit.

It would be wholly impracticable to discuss all of the factors considered by the trustees, the Committee on Amendments, and the delegates which have brought about provision for this Standing Committee. It is hoped, however, that its need is obvious and that all interested in any phase of economics will communicate with the representative in his district.

Education

There have been numerous attempts to consolidate some of the educational activities of the profession since Dr. Gies urged the union of the two faculties' associations at the beginning of the Carnegie Survey of dentistry between 1922 and 1926. There has developed quite a widespread feeling that the educational activities of the A. D. A., like the legislative, economic, and others, should be centered in the headquarters of the Association at Chicago, so that the editor of the Journal and the secretary of the Association could be utilized to disseminate desirable information to the profession through the regularly established channels of communication. Moreover, it is found that the professional activities of the A. D. A. will be not only more informative to the officers of the Association if located at Chicago and consolidated, but will also be administered at less expense. As a result of consideration of these problems,

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the Trustees recommended to the House of Delegates amendments to the Constitution and By-Laws providing for a consolidation of the Standing Committee on Education and the representation which the A. D. A. had on the Dental Educational Council of America, and thereby took the first step toward the formation of a Council on Education similar to the one in the American Medical Association. Up to this time there was a standing committee on Education in the A. D. A. and, at the same time, a representation of three members on the Educational Council, the body that assisted the Carnegie Foundation in its survey and which rates the schools. Obviously, the standing committee on Education was deprived of most of its legitimate activities on account of the activities of the Educational Council; when the Trustees met they were confronted with the perplexing duty of considering the work of two groups dealing with the same problems within its own organization. The steps taken at the St. Paul meeting to clarify the situation that had grown up with the A. D. A. are of far-reaching importance in the field of education.

Legislation

In the matter of legislation the profession is probably better informed on the activities of the A. D. A. than in many other matters which have cost the Association more money and required more attention than legislative matters have. The difficulties which the profession has had to show the impracticability of a code, the effect of the code upon the manufacturers of dental products and upon the laboratory organization, the restrictions placed upon the use of gold and insurance dentistry have all been of sufficient interest to the profession to keep it alert to these activities. Few in the profession, however, have realized the handicap under which the officers of the Association often labored in their attempts to comply with the By-laws of the Association which made it mandatory on the part of the trustees to maintain a separate bureau of legislation. Under the former type of organization it was difficult, even with the most cooperative group, for the editor of the Journal and the secretary of the Association to be informed on the activities of the Committee of Legislation as they should be. As a result of experience with this handicap, the trustees proposed to the House of Delegates amendments which place the matter of legislation in the hands of the trustees with freedom to organize the work of legislation on much the same basis as is contemplated for education in the headquarters at Chicago. These amendments were adopted and a different type of organization is possible after March 1, 1935. Until then, anyone having matters pertaining to legislation which need attention by the A. D. A. may communicate with Dr. Homer C. Brown of Columbus, Ohio, who has had the position of Director on the Committee on Legislation for several years.

Insurance

Whether it is advisable for an organization of the type of the A. D. A. to encourage insurance of the kind that is available to groups like the A. D. A. is not for the present Board of Trustees to determine; it is a problem which this Board inherited. From the amount of discussion that has taken place it would appear that many of those who have discussed the matter do not realize the exact nature of group insurance. As a result, they do not appreciate the fact that low cost means some restrictions in the benefits. Probably nothing in the Association's business affairs has given the Board of Trustees more concern than this general lack of understanding about what the Association could and should do in regard to insurance. Added to a general lack of understanding about what could be expected from this type of insurance has been an apprehension about the ability of the company carrying the insurance to execute its part of the contract. This apprehension has been caused by advice from representatives of other companies to the effect that the contract existing between the members and the insurance company was unsound. During the last year the Board of Trustees has been giving special attention to this feature and has decided to change companies. In order to get a good company to take over the obligations of the old one it has been necessary to correct the unsound features of the old contract which related to the rates for older ages. Instead of raising the rates for the older ages, which would have been necessary to make the old contract sound, the amount of coverage for the older ages has been reduced. Upon advice that appears to be as good as it is possible to obtain, this was the only sound way to get a good company to assume the obligations that existed between the membership of the A. D. A. and the old company. It is hoped that the membership will accept the assurance of the trustees that their insurance is now in a sound company operating upon a sound basis, and that all that is obtainable under this type of insurance will eventually, if it is not now, be written into the master policy held by the A. D. A.

Council on Therapeutics and Bureau of Standards

From the general trend of the information that has reached the Board of Trustees it would seem that the profession appreciated the funds expended upon these two activities. Anyhow, much favorable comment has been received and about the only criticism that has reached the Board has related to the publication of the list of unacceptable remedies. While this is only a minor part of the work connected with the operation of these two departments, the publishing of unacceptable remedies or materials is a matter upon which the Board of Trustees has centered its attention. Almost any manufacturer of a remedy or material would not object to the appearance of one of his products upon an acceptable list, but if his product appears upon an unacceptable one, he is likely to challenge the Coun-

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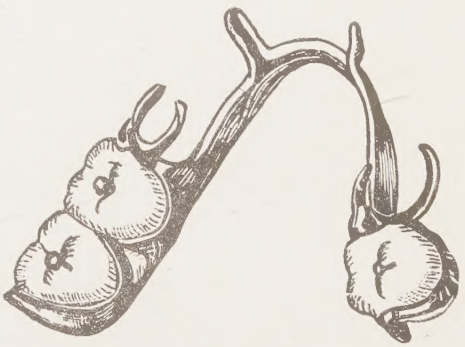
cil or Bureau. This feature of the work of the Council and the Bureau, while apparently to some a matter of minor significance, has given the officers of the Associaton more concern than all of the other features combined. If it should be found that either the Council or the Bureau had made a mistake, it would mean not only retrenchment from the position taken but it might permanently weaken the position of both in future attempts to evaluate our remedies and materials for us. What appear to be adequate safeguards to the work of both the Council and the Bureau were organized at the St. Paul meeting and in the future the publication of unacceptable remedies will follow the publication of acceptable ones. In order to realize the full value of the work of the Council and the Bureau, it is essential that the profession purchase from the accredited lists of remedies and materials. Otherwise, there is no incentive on the part of the manufacturers who cooperate with the A. D. A. to get their products on the accredited lists. While, undoubtedly, it has been desirable in the past to know the unacceptable as well as the acceptable remedies and materials, it should be understood that large numbers of remedies and materials are not worth the time and energy of a competent staff. What is most essential to the success of the work of both departments is that every dentist inquire of every salesman whether his product is in the accredited list.

Relief

During the year numerous requests for relief have been received and some have taken the position that the component societies should not be required to contribute an equal amount with that granted from the relief fund of the A. D. A. These requests and suggestions have been given much consideration along with the consideration given to the matter of insurance and economics. The result has been a modification of the plan of distribution whereby the local society is now required to appropriate one-third and the A. D. A. two-thirds of the amount of relief granted. The Board of Trustees realizes the strength of the argument that money contributed to relief from a given state should be available for relief in that state, but, at the present time, no practical means of appropriating the money to the most needy and deserving has been presented except the one which involves a contribution from the society in the district in which the applicant for relief resides.

Junior Membership

During recent years attempts have been made to form dental societies in dental schools on much the same basis as they existed in a few places previously. Last year the A. D. A. made its Journal available to students at a price less than the actual cost of publication as an inducement to get students interested in dental society work. This year a junior membership has been created, with dues at two dollars, and with no voting power in the A. D. A. Junior membership with the receipt of the Journal should assist to get students in society work. It will depend largely upon two things, however; first, the attitude of the faculties of the different schools; and second, the attitude of the profession in the vicinity of the school. If the faculties do their part and if the local and state societies invite the students and welcome them, the plan should work to the advantage of all concerned.—Marcus L. Ward



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